

Heathcotes Care Limited

Heathcotes (Bridlington)

Inspection report

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Date of inspection visit:
21 February 2017
13 March 2017

Date of publication:
23 May 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Heathcotes (Bridlington) is a residential care home for 12 people with a learning disability, including specialist care for people with Prader Willi Syndrome. The care home provides single occupancy accommodation on two floors in the main house and in flats within a separate annexe building, also on two floors. There is a choice of lounge and dining space for people to use in the main house. Some bedrooms have en-suite toilet and/or shower facilities.

At the last inspection, the service was rated overall as Good. At this inspection we found the service remained rated overall as Good, but with an improved Outstanding rating in 'caring'.

Staff were exceptionally caring, paying attention to people's well-being, privacy, dignity and independence. Staff showed they had provided care over the last few years that was over and above what was expected of them in order to ensure people felt valued.

Staff assisted people in outstanding ways to maintain their well-being, by enabling them to experience excellent self-esteem through structured programmes of care underpinned by clear boundaries for behaviour. Boundaries which everyone, staff and people that used the service, agreed were essential to people's safety and, in the extreme, saved people's lives.

It was this continued staff approach and attention to detail that enabled people to modify their lifestyles while living with Prader Willi Syndrome. This ensured they lived safe lives where personal development became a way of life. Staff upheld principles of equality and diversity and championed people's rights when out in the community or receiving healthcare and other services. Care for people that used the service was outstanding.

Systems continued to be in place to ensure people that used the service were safe in respect of safeguarding incidents, the premises, staffing levels, recruitment, management of medicines and infection control.

Staff were skilled to carry out their roles and received induction, training and support, which enabled them to care for people to a high standard. The registered provider maintained an environment that was suitable to meet people's social and personal care needs.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service exceeded in its support to people regarding their nutritional needs and lifestyles.

People's support plans continued to be person-centred and people continued to undertake activities, education and employment wherever possible. People followed the complaint procedures to have their views listened to and their needs met.

The service continued to operate an open and inclusive management style where people fully participated in the running of the care provision. A quality assurance system still operated so that people made their views known and quality audits were completed, with the aim to improve the quality and delivery of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service now provides outstanding care.	Outstanding ☆
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Heathcotes (Bridlington)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 21 February and 13 March 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience's area of expertise was learning disabilities, autism spectrum and Prader Willi Syndrome.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from seven local authorities that contracted services with Heathcotes (Bridlington) and a nutritionist who worked for Heathcotes Care Limited. We reviewed information from people who had contacted CQC to make their views known about the service.

We received a 'Provider Information Return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with ten people that used the service and three of their relatives. We also spoke with ten support workers, the registered manager and the head of services for the region.

We looked at care files belonging to three people that used the service and at recruitment files and training records for three staff. We viewed records and documentation relating to systems for the running of the service, including quality assurance, management of medicines and the safety of the premises. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and the staff. We looked around the premises and saw

communal areas and people's bedrooms, after asking their permission to do so.

Is the service safe?

Our findings

When we asked people if they felt safe living at Heathcotes (Bridlington) they said, "Yes I feel safe", "If I feel unhappy I tell my keyworker" and "I have a key to my room (can lock it when I am in or out so things are safe and I am safe)." Relatives told us, "If any incidents arise I know that [Name] has a safe place to go. [Name] tells me about things that happen and from their description and behaviour I know they were treated appropriately at the time" and "I am very satisfied that [Name] is safe at Heathcotes. I can tell by their personality and they would tell me if they were unhappy about anything or anyone."

Systems were in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer incidents to the local authority safeguarding team. There was evidence of staff training in their personnel files. Records were held in respect of handling incidents and the referrals that had been made to the local authority: only one in the last year. This was investigated internally and action taken to remedy the issues. Formal notifications were sent to us, which included one safeguarding incident. This meant the registered provider was meeting the requirements of the regulations.

Physical intervention at Heathcotes (Bridlington) followed the NAPPI training guidelines and only took place in extreme circumstances and where a person was at high risk of harming themselves or others, when being in a heightened state of anxiety. We saw there had been 15 low level interventions in November and 27 across the period between beginning of December 2016 and end of January 2017. These were all recorded in great detail. Where these applied to individuals their care plan also included information to staff regarding when physical intervention could be used and what the most appropriate technique would be.

We discussed with the registered manager the type of physical intervention training used and whether or not de-briefs for people and staff took place after interventions occurred. We also discussed whether or not the British Institute of Learning Disabilities (BILD) accredited the training that was accessed by Heathcotes (Bridlington) staff. We were told that NAPPI UK training, all three levels, was accessed, which is accredited by BILD and does follow the BILD code of practice. Staff were therefore trained in diversion techniques and full physical intervention techniques. We were informed that whenever physical intervention was used de-briefs took place for staff, the incident was recorded and discussions took place with people that used the service, which were also recorded (in their diary notes).

Further evidence was provided by the registered manager, which showed how this area of support was reviewed and so interventions were minimised. We saw the service's Restrictive Physical Intervention Policy, details of alternative methods for avoiding interventions and 'restraint reduction strategy' documentation. Records showed the number of incidents where intervention might have been necessary had alternatives not been used. For example in November 2016 37 incidents occurred and 16 resulted in intervention. In January and March 2017 there were 50 and 66 incidents respectively, but only four in January and six in March resulted in staff intervention. These ten recorded interventions related to only four incidents in total. This and figures for December 2016 and February 2017, showed an increase in incidents but a marked

decrease in interventions across a five month period.

An extract from one meeting showed evidence that people's safety was discussed. 'No safeguarding issues however staff are aware of how to report any issues or concerns and are happy to do this. Incidents and restraints are minimal compared to the amount of potential incidents. Staff feel that care plans are working well for the service users and that various other techniques such as redirection, talking, listening and allowing time for the individual to calm in their own time is working well. Staff are aware and have a good understanding of what diversions or de-escalation techniques work with certain people. The service recently received a compliment from one person's family around how they managed an incident well. They said they felt safe and confident enough to leave the staff to manage the incident safely.' All of this ensured that people who used the service were protected from the risk of harm and abuse.

Risk assessments were in place to reduce people's risk of harm from, for example, moving around the premises, road safety, activities, taking medicines, personal care, poor communication, use of equipment, relationships and especially nutritional intake. People had personal safety documentation for evacuating them individually from the building in the event of an emergency. The service showed us evidence of the measures they had taken to ensure possible risks to people and staff were avoided from intervention techniques that might not be used properly. One person that used the service wrote us a letter that told us they were supported a lot through intervention when they first came to Heathcotes (Bridlington), but now this had reduced greatly because staff helped them to verbalise their anxieties. They told us they now understood why intervention took place back then; to protect them and others from harm. They said they had learned to manage their behaviour now with the support from staff.

General work place risk assessments were in place to protect staff from the risk of harm from, for example, accidents on stairs/landings, in the kitchen, in people's bedrooms and bathrooms and when accessing the garden. They were also in place, for example, for such times as when staff administered medicines and used storage cupboards. The service had a business continuity plan, which included such events as loss of power, staff not turning up for work and drainage problems.

Maintenance safety certificates were in place for utilities and equipment used in the service, and these were all up-to-date. These included electrical safety, gas and fire safety certificates. Contracts of maintenance were in place for ensuring the premises and equipment were safe. All safety measures and checks meant that people were kept safe from the risks of harm or injury.

The registered provider had a fire risk assessment in place and met the requirements of the local fire and rescue safety team, who last visited in 2013. They also had accident and incident policies and records in place for in the event of an accident. Records showed that these were recorded thoroughly and action was taken to treat injured persons and prevent accidents re-occurring.

Staffing rosters corresponded with the numbers of staff on duty on the day of the inspection. On the day we visited there were 12 staff on duty, all providing one-to-one support to people that used the service. Three staff worked throughout the night. The registered manager was supernumerary (not included in the staffing numbers). People and their relatives told us they thought there were enough staff to support people with their needs, accompany them on social events and outings and spend time with them when engaged in occupation while at Heathcotes (Bridlington).

Thorough recruitment procedures ensured staff were suitable for the job. Job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with

children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Staff personnel files we looked at contained DBS checks, staff detail forms, applications, references, evidence of identity, interview records, health questionnaires and a range of other documents and records to show that staff recruited were suitable for the job. Staff had not begun to work in the service until all of their recruitment checks had been completed, which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

Medicines were safely managed within the service and a selection of medication administration record (MAR) charts we looked at were accurately completed. Medicines were obtained in a timely way so that people did not run out of them, were stored safely, administered on time, recorded correctly and disposed of appropriately. There were no controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001) at the time of the inspection.

Is the service effective?

Our findings

People at Heathcotes (Bridlington) told us that staff were very supportive and understood them well. They said, "Staff are really good", "The staff really listen to you here" and "The staff are okay they really help you out." Relatives told us that staff had the knowledge they needed to care for people and were very skilled in holding people's attention and providing them with the information they needed to make appropriate choices.

The service was very effective at meeting the needs of people that lived with the medical condition Prader Willi Syndrome. For example, one person was one of the oldest surviving with the condition and the registered manager attributed this to the lifestyle they were supported to have at Heathcotes (Bridlington). Two other people had achieved their goal weights which enabled them to lead physical and healthy lifestyles and a fourth person, who had no family contact, lived a fulfilling life with the support of staff and close friends.

The registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. People that used the service also completed training where this was of importance and benefit to their well-being, for example, on food groups and healthy eating.

Staff completed an induction programme, received regular one-to-one supervision and took part in a staff appraisal scheme. Induction, supervision and appraisals were all evidenced from documentation in staff files and via discussion with staff. Induction followed the guidelines and format of the Care Certificate, which is a set of standards that social care and health workers follow in their daily working life as recommended by Skills for Care, a national provider of accreditation in training.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. They also told us they completed specialist training in Prader Willi Syndrome, Autism Spectrum Disorder, NAPPI (intervention techniques) to level 3 and mental health awareness. The training records confirmed all of this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were assessed as having no capacity to make complex decisions, the registered manager arranged for best interests decisions to be reached, DoLS applications to be made and reviews to be carried out. Everyone had a DoLS in place for the close supervision of their nutritional intake. All of these arrangements were managed within the requirements of the MCA legislation.

People usually consented to care and support from staff by verbally agreeing to it. Sometimes they just conformed to staff when asked to accompany them and accept support. There were some signed documents in people's files that gave permission for photographs to be taken for marketing purposes and for support plans to be implemented or medication to be handled for people.

People's nutritional needs were carefully met because staff consulted them about their dietary likes and dislikes, allergies and medical conditions. The whole area of nutrition was the most important one to manage for, and with people that used the service, as their lives depended on mealtimes being strictly controlled (portions and food groups that promoted healthy eating and weight loss, when necessary). The service was highly successful in this area of care as people lived according to a particular regime regarding meals and exercise, to which they agreed once they had seen and experienced its benefits. There was no mistaking that people and staff agreed people's lives had been saved because of the regime.

People designed their own menus with the advice of a nutritionist, ate dinner out once a week at different venues and usually dieted the rest of the week. Staff were expected to eat the same as people that used the service if they chose to have a meal while on duty. A clinical psychologist and a nutritionist were employed by Heathcotes Care Limited and they provided people with the advice and support they needed for living with Prader Willi Syndrome and managing nutrition.

People told us they had sufficient to eat but acknowledged they were on strict diets for weight loss or to maintain weight. They said "I have lost 22 stone with the help of staff", "We get big portions" and "I love scampi when we go out on Saturdays." People's nutritional intake was carefully monitored but they still had treats on a weekly basis.

The service had a food hygiene rating of four, which was the score given to them by the local authority Environmental Health Department in respect of their food hygiene and food management assessment, where zero is the worst rating and five is the very best.

People's health care needs were met because staff had consulted them and their relatives about medical conditions and liaised with healthcare professionals and nutritionists. Information was collated and reviewed with changes in people's conditions. Staff told us that people could see their doctor on request and the services of the district nurse, chiropodist, dentist and optician were accessed whenever necessary. Health care records held in people's files confirmed when they had seen a professional and the reason why. They contained guidance on how to manage people's health care and recorded the outcome of consultations. Diary notes recorded when people were assisted with the health care that was suggested for them.

The premises were suitably designed to meet the needs of people that used the service. Some people had en-suite bathroom facilities and there was one main lounge area and one main dining room which enabled people to be supervised at important times. Some people showed us their bedrooms and we saw that these were personalised and decorated according to people's choice.

Is the service caring?

Our findings

People told us they got on very well with staff and each other and we observed positive interactions between people and the staff. People said, "The staff are really helpful and caring" and "Staff help you out whenever you need it." Relatives told us that staff were "Very caring. [Name] loves the staff" and "The staff treat [Name] lovely. [Name] knows everyone and likes the staff very much." Relatives also said, "[Name] used to hurt staff at other care homes and I used to dread visiting. I fought for a year to get them into Heathcotes, which was the best move ever, as staff fully understand their condition" and "A miracle happened when I became aware that Heathcotes had a place available for [Name] in Bridlington. When I visited I felt comfortable and could sense that I had entered a quality provision. Now I know that was because it is to do with a sense of the place being an ordinary comfortable home. It's because staff always immediately engage with me and ask if I'd like a cuppa. It's because there's light hearted banter and real respect for the diversity of people who call it home. It's because there's a very obvious strong but courteous leadership from management. It's because new staff are chosen carefully and it's because the insidious syndrome called Prader Willi is totally understood and effectively, warmly, managed."

An email from a relative and sent to the Head of Operations in October 2016 was shown to us and it described how one of the people at Heathcotes (Bridlington) had been anxious when meeting a family member in Sheffield. It said, 'I want to flag up with you that they (staff) did something caring and compassionate, that in my estimation makes a difference between a good setting and an exceptional one. It was a small thing but one that kept everyone safe. [Name's relative] had failed to turn up to meet them and they were understandably hurt and upset. The manager and one of the staff arranged for [Name's] partner to call them for a chat at exactly the right moment. It de-escalated the situation and immediately made [Name] feel they were worthwhile and that someone cared for them. It was a brilliant piece of work, not rocket science, just straightforward warmth and caring.'

Another relative communicated with us by email and said, '[Name] is thriving at Heathcotes. They are back to being their funny, chirpy self, a side of their nature that we lost for so long. They have lost weight, buy new clothes (unheard of previously), enjoy having their hair done (another activity which caused them huge anxiety for so long). And the icing on the cake for me was a few weeks ago when I was invited to a resident's birthday celebration, where [Name] sang Karaoke, on their own, in front of everyone else! They have their confidence back. I think that comes from the exceptional high quality of care they consistently receive from the staff team in Bridlington and through the consistent work of a compassionate and empathic manager.' They went on to talk about the lack of the use of anti-psychotic medicine, which for their relative was an absolute positive with regard to their quality of life and one they vehemently wished to continue.

A third relative provided us with written testimony that, '[Name] is always kept busy. Staff fully understand the condition they have and know how to overcome their mood swings. [Name] is now under 10 stone and has never been so happy. I cannot thank staff enough for the effort they have put in with [Name].

Staff were caring and pleasant but professional in their relationships with people that used the service. Staff knew people's needs well and understood their histories, likes and preferences. One person supported their

home town football team, so staff accompanied them to as many home games as possible, which required a 120 mile, three hour round trip each time, which demonstrated the 'above and beyond' approach. Another person really liked going to the cinema so staff went with them once a week. Others could join them if they wished and sometimes did. Some people held views about their personal wellbeing that were different to everyone else, but these beliefs were respected and accommodated.

Relationships between people and staff were respectful and dignified, but also very caring. We saw an example of staff appropriately managing a situation that could have been awkward and compromising for everyone involved. Staff in the room worked as a team and acted in a way that dispelled any embarrassment with the use of distraction, but also ensured the person's self-esteem was protected and that they did not feel their actions had been wrong. Staff sensitively and respectfully managed the incident.

Staff effectively communicated with people that used the service, who were clear about the boundaries in place when they were offered support. One staff told us how they were required to speak to a person with an even and reflective tone of voice, so that the person was able to understand and accept information. And everyone at Heathcotes (Bridlington) required communication that was absolutely consistent in its messages, as this was crucial to their understanding, development and wellbeing. Communication, mainly verbal, was based on agreed psychological profiles for people with Prader Willi Syndrome and the advice of the clinical psychologist employed by Heathcotes Care Limited.

Other methods of communication included some Makaton for one person and observations of behaviour for several others. Staff asked people for their views about their daily routines, activities, food and interests and gave them time to respond with their answers, choices and decisions. For example, one person was asked about how they wanted to spend a bit of extra time they had between planned activities and the person chose to play an electronic game on their new I-pad. The staff member shared in this with them. Planned activities were structured to ensure people remained active and engaged throughout the day and a one-to-one system of staffing enabled this to take place.

We were told that one person had no family to support them so the services of a local advocacy organisation were accessed to represent them at times when they lacked capacity to make important informed decisions. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. Staff always bought this person birthday and Christmas presents to ensure their sense of belonging to the family that was Heathcotes (Bridlington). This was over and above what was expected of the staff.

Staff ensured people were supported in the best possible way to provide them with a healthy and safe lifestyle. Staff implemented boundaries for people regarding their life-style choices and behaviour. This meant staff vigilantly encouraged positive healthy option taking with regard to nutrition and exercise, which was aided by routine, structure and consistency. This was such a strong aspect of the service provision that was always adhered to no matter what to enable people to understand, learn about and adopt the boundaries that were so crucial to them. Staff provided positive support and encouragement and were mindful of their responsibility with regard to their role.

This was then backed up by support and advice from the clinical psychologist and nutritionist employed by Heathcotes Care Limited. People were given clear information that was reinforced to lead them to a learned behaviour regarding life-style choices and so the positive success they experienced was perpetuated over and over again to maintain continuous success.

This was embedded into the ethos of Heathcotes (Bridlington), which was built around the attitude of the

staff to carry out their roles and responsibilities entirely for the benefit of the people that used the service: with kindness, respect and compassion. The registered manager told us recruitment of new staff always took these qualities into consideration when selecting a candidate.

As a result of such an attitude and ethos staff were willing to go 'above and beyond' what they were required to do. For example, one staff member regularly took one of the people that used the service to see their ex-social worker and this was always in their own time. Another staff member explained how, as part of their programme of care, people were intensively supported for months on end to help them achieve stability and consistency.

An example of this was when one person who came to the service needed to lose a tremendous amount of weight. They were unable to wear clothes properly and found walking exhausting. After being on the programme devised for them and receiving months of intensive coaching from the staff they lost all of the weight they needed to, improved their self-esteem and found new pleasure in shopping for and wearing clothes. They also walked everywhere and greatly improved their overall health. They told us that they valued their relationships with the staff because, "The staff at Heathcotes saved my life."

Another person who came to live at Heathcotes (Bridlington) was unable to walk and was depressed. They were encouraged through their intensive programme to go on a sponsored walk to raise funds for cancer research. This gave them a tremendous sense of achievement and fulfilment. Now each year all females that live (and some that work) at Heathcotes (Bridlington) compete in the 'Race for Life' event at Sewerby Hall and the males that live there (and some that work there) also go along to support and cheer them. All staff, whether on duty or not, join forces to attend this event and other similar social or fund raising activities.

Other examples of the 'above and beyond' support given to people included that the registered manager went out of their way to visit and support people and their relatives outside of working hours and at weekends to ensure people and relatives felt confident Heathcotes (Bridlington) was the right place for them. One relative said, "The manager and staff fully understand the syndrome and so they know exactly how to guide people. The manager was extremely helpful to me and my family at a time of crisis shortly before [Name] went to live at Heathcotes. They did everything and more to support us."

We observed staff demonstrate their qualities when they worked with people one-to-one in the service, when preparing to accompany people in the community for shopping, taking exercise or enjoying entertainment and when supporting people to carry out everyday tasks of daily living. Staff were understanding, caring and empowering.

The management team led by example and were polite, attentive and informative in their approach to people that used the service and their relatives. People and relatives spoke highly of the registered manager and the Head of Services, stating they were both "Extremely helpful, accommodating, knowledgeable and understanding" and "People that got things done and cared about service users' lives."

We found that people were experiencing a very good level of well-being and were very positive about their lives. Another person that used the service wrote that they were helped so much when they came to Heathcotes (Bridlington) it resulted in their happiness now, as they managed their weight, maintained calmness when anxious and was encouraged to discuss issues. They said that staff could tell when they were becoming angry and knew how to speak to them to reassure them there was no need to be anxious.

At the time of our inspection the service was providing care and support to people for whom some of the

protected characteristics of the Equality Act 2010 applied. We were told that people's diverse needs were adequately provided for with regard to their disabilities, age and sexual orientation. We observed people being treated respectfully with regard to their differences and preferences. The ethos of the service was that people were treated equally and received the same opportunities as everyone else while respecting their individuality and providing support that met their individual needs. For example, everyone had their own planned activities, one-to-one allocation of staffing and ate the same meal choices to ensure fairness and consistency. This was further evidenced by information we received from placing local authorities and a health and social care tutor that assessed staff completing Qualifications and Credit Framework (QCF) courses.

One local authority said, they were totally satisfied with the support provided to people, whose needs were met in line with their support plans. Another stated in writing, 'I have no complaints regarding the level of service offered to people and speaking candidly with one person's family, I know that they view the service as more than adequate to meet this person's needs. They are very proactive in supporting the person and would most definitely say if they had concerns. [Name] is only able to express their views in a limited way but would be able to express if they were unhappy. The manager is always very informative with regard to their needs and reviewing the care plans and risk assessment, they provide an accurate account of the level of care that is required to support [Name]. They are always reviewed in a timely manner and amended where there are changes. I have always found the staff to be very friendly both to myself and to the service users and [Name] appears to get on well with them, joking and having a laugh with them. I have noted that they are always asked for their opinion particularly within the reviews that I have held and their permission was gained for me to look in their bedroom both by myself and with the staff.

The QCF tutor wrote to us, 'During periods of direct observation I also get the opportunity to observe staff who aren't in the process of gaining a health and social care award. I feel that care delivery is of a quality that is not matched by many other services. Care is delivered professionally with care, compassion and empathy. Everyone is treated as an adult and person-centred care, delivered with dignity, forms the ethos of Heathcotes (Bridlington). I have observed situations where challenging behaviour was handled extremely well. Staff understand how to enable people to understand their own behaviour and to correct it where necessary. Occasionally a situation may escalate (Christmas run up seems to be a trigger as everyone seems excited) and this is dealt with professionally, carefully, with dignity empathy and an emphasis on safety for all involved. I have said several times that Heathcotes appears to be a lovely place to both live and work... and this is as a result of an excellent registered manager, deputy manager and care team.'

The service had a 'dignity champion' who monitored staff performance in respect of maintaining people's dignity and who provided advice to them so that they ensured people were treated respectfully. People told us their privacy, dignity and independence were always respected. They said, "I get to have time on my own when I need it", "Staff are thoughtful and respect my needs" and "I am encouraged to do what I can for myself, but staff will facilitate where I struggle with something."

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. For example, staff only provided personal care in people's bedrooms or bathrooms and always knocked on bedrooms doors and waited to be invited before entering. Staff protected the privacy of people by treating each person's bedroom as the person's 'castle' and place of 'refuge', which was not to be entered, changed or rearranged except by invitation. Possessions were also treated as highly personal and everyone was coached to respect one another's personal belongings.

Is the service responsive?

Our findings

People felt their needs were being appropriately met. They talked about going out and staff assisting them with arrangements. They said staff supported them when getting ready to go out or liaised with people that came to collect them. We saw that on several occasions people went out at different times to take exercise, shop or take part in an activity of entertainment. All of these arrangements were recorded within people's care plans.

Care files for people that used the service were organised into sections and contained relevant information. Support plans reflected the needs that people appeared to present, were person-centred and contained information under eleven areas of need to tell staff how best to meet people's needs. Files also contained personal risk assessment forms to show how risk to people was reduced, for example, with nutrition, self-medicating, being in the community, travelling in cars, accessing the kitchen and with road safety. Support plans and risk assessments were reviewed monthly or as people's needs changed.

Activities were held in-house with staff on a one-to-one basis. Other activities and pastimes were mainly community based according to people's individual needs and wishes. People told us they had their own activities programmes and enjoyed a variety of occupations and entertainments. Some people attended various clubs and social events, but not everyone was able to do so. Therefore, when people attended a local club each Tuesday, those unable to go were given a similar experience at Heathcotes (Bridlington). For example, staff held discos, pub nights or theme events for these people, which mirrored what was happening at the Tuesday club. This enabled people who went to the club and those who did not to share a similar experience, discuss it afterwards and feel they had all been a part of the same event at the same time, thus never missing out an opportunity. In contrast, at other times, people took part in individual activities.

People's relationships were respected and staff supported people to keep in touch with family and friends. Staff who worked as key workers with people got to know family members and kept family informed about people's situations if people wanted them to. Staff encouraged people to receive visitors and spoke with people about family members and friends. People were encouraged to remember family birthdays and anniversaries and send cards and/or gifts where appropriate.

The registered provider had a complaint policy and procedure in place for anyone to follow and records showed that complaints and concerns were handled within timescales. People told us they knew how to complain. They said, "I talk to my keyworker if I'm unhappy about anything", "I would write my complaint on a piece of paper and put it on the board" and "I would make a complaint to the manager."

Staff were aware of the complaint procedure and had a positive approach to receiving complaints as they understood that these helped them to improve the care they provided. We saw that the service had handled one complaint in the last year and the complainant was given written details of explanations and solutions following investigation. Compliments were also received and were recorded in the form of letters and cards. All of this demonstrated that the service was responsive to people's needs.

Is the service well-led?

Our findings

People that used the service felt there was a pleasant, family orientated atmosphere at Heathcotes (Bridlington) and considered one another as good friends. However, they understood and respected the need for clear boundaries that were given to them and worked with staff in maintaining these wherever possible.

Relatives told us they felt that Heathcotes (Bridlington) was absolutely the right place for their son or daughter, right from the start. They said, "When [Name] went to Heathcotes their whole world came together. [Name] belongs there. It is the best possible place they could ever live", "Heathcotes has a big and strong family feeling to it, where everyone knows each other so well" and "[Name] is now a different person. They are happy. Moving to Heathcotes is the best thing that ever happened to them."

Staff described the culture of the service as "Fantastic, warm, friendly, supportive and based on equality." They said that Heathcotes (Bridlington) was a family orientated place, where people that lived and worked there were one big family. The support given to people was based on equality of opportunity. If one person received something then all of them did so, particularly in respect of food and entertainment, as this was crucial to a harmonious household.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for the last nine and a half months. The management style of the registered manager and deputy manager was open, inclusive and approachable. Staff told us they expressed concerns or ideas freely and felt these were considered and adopted if suitable.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications were sent to the Care Quality Commission (CQC) and so the service fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

The service was affiliated to the Prader Willi Syndrome Association and found this to be of great support in respect of information and guidance. People maintained links with the local community, where possible, through the church, schools and visiting local services and businesses: shops, stores and cafes. Relatives played an important role in people's lives and were kept up-to-date about people's needs and concerns.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals.

Audits included checks on premises safety, finances, medicines, staffing and staff files, meetings, notified incidents, company vehicles and general health and safety. A 'traffic light' system was in use to show red, amber and green risk. There was other evidence of audits in the form of audit reports completed quarterly,

in which 90-100% (within the organisation's Gold Standard or best range) was regularly achieved.

Satisfaction surveys were to be issued in February 2017 and so the latest survey collation and analysis of information was from February 2015. The overall quality monitoring and assurance system for 2016 had not yet been completely analysed and reported on, as information was gathered right up to the end December 2016. However, signs for another satisfactory quality assurance report were positive.

People attended service user meetings and staff attended staff meetings (night staff held their own). Service user meetings were recorded in pictorial format and contained an action plan for each meeting. We saw that people's requests and wishes were acted on where possible. One person requested a holiday, which was being looked at regarding feasibility, other people had made comments about meals being repeated too often and so changes were made to the menu. Staff meetings addressed issues such as working relationships, safeguarding, restraints, reinforcement of boundaries regarding food choices, safety and people's care and support needs.

The registered manager kept records regarding people that used the service, staff and the running of the business. These were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held. For example, the records held regarding physical interventions to keep people safe, were securely held in one file, with a section each for those people to whom intervention applied. The senior management team analysed these records and gave feedback to the registered manager and staff and so there was a clear trail of the discussions held to inform staff on how to manage future physical intervention situations. This was to ensure staff only used intervention when absolutely necessary and knew how to avoid similar situations from arising again, thus reducing the need for physical intervention. All confidential records were stored in the registered manager's office in locked facilities.